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CASE OF GASTROTOMY.

To the Editors of the Boston Medical and Surgical Journal.

THE following case of gastrotomy, although terminating fatally, seems of sufficient importance to warrant me in presenting it to your JOURNAL for publication.

My friend, Dr. J. W. Cushing, has furnished me with notes of the case previous to the operation.

August 17th, at midnight, he was called to see Mrs. M. W., of Roxbury, æt. 40, in her thirteenth confinement. Her previous labors, though severe on account of the size of the children, had terminated well, and she had since enjoyed very good health. She weighed, just before this confinement, about 240 pounds. Dr. C. learned that the liquor amnii had passed off at about 9 o'clock the same evening; that the pains, though infrequent, had been very severe until about 11 o'clock, when they had ceased. She appeared quite comfortable, though complaining of "cramps" in the right hypogastrium and in the right shoulder. He found her lying on her back. Pulse 84, regular and sufficiently strong. Skin natural to touch, warm and moist. No loss of strength. In fact, there was nothing to indicate rupture of the uterus. She had not had any of the usual symptoms of that lesion, so far as could be ascertained, previous to his arrival.

The appearance of the abdominal tumor attracted his attention from the fact that the whole mass was lying between the thighs. The umbilicus was at the apex of the tumor, and was a little lower than half the distance between the pubes and knees. The patient informed him that she had carried several children in the same manner, and had never been inconvenienced materially by the pendulous abdomen.

Upon examination, the os uteri was found dilated, and the head presenting. Dr. Cushing advised the administration of hot tea and the application of hot cloths to relieve pain.

Finding that the pains did not return, he gave ergot, and subsequently opium, as she only complained of the "cramps," as before.

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He requested to be called should anything untoward occur, and left her, thinking rest was needed.

At 6½ o'clock in the morning he again saw her, and learned that she had had no labor pains, but that the "cramps" still annoyed her. She informed him that she had slept some since his visit. Upon examination, the patient being on the left side, he found that the head presented, as before. He then decided to deliver with the forceps, but before he could introduce one blade, and without any sudden pain, the child receded. An examination showed that the child had passed through a rent in the fundus uteri, about five inches in length, into the abdominal cavity. Soon he noticed the escape of intestines into the uterus and vagina. He acquainted the husband with the nature of the accident, and was kind enough to request that I might be called.

I saw her about quarter before 9 o'clock. She was lying upon her back; feet and legs cool; pulse about 100, small and regular; countenance not indicative of much pain; mind clear. She still complained of pain in the shoulder and right hypogastrium. Upon examination, I found a portion of small intestine and omentum, about half the size of a foetal head, protruding from the vagina. Any attempt to press the mass back causing so much pain, it was deemed best to administer ether. After the consent of herself and husband had been obtained to the performing of any operation which might be necessary for her delivery, she was etherized. The intestine was gently passed through the rent in the uterus, and the child examined, to see whether it could be delivered by the natural way.

The uterus was not contracted; the placenta had escaped into the abdominal cavity. No hæmorrhage was escaping by the vagina. The child was so large as to forbid its passage through the pelvis of the woman without extracting it in sections.

Finding that it would not be justifiable either to let her die undelivered, or to attempt delivery by the forceps or turning, I placed the patient on her back, and having raised the depending abdominal tumor, made an incision about five and a half inches in length, from a point about an inch below the umbilicus, on the median line. The child was delivered readily, followed by the placenta and a large quantity of coagula. No portion of the intestine escaped. The abdominal cavity was emptied of what blood it contained, and the edges of the wound were brought together with nine or ten interrupted sutures. A bandage was placed around the abdomen, and stimulants given.

She soon became conscious; said that she had no pain. Her pulse was about 84, very good. A vaginal examination showed the uterus to be contracted quite firmly. There was about the usual amount of hæmorrhage from the external parts. She was directed to take stimulants freely, and pil. opii, gr. i. every hour, if in pain.

Dr. Cushing, who saw her subsequently, says that she was free

from pain, and that her mind was clear up to the time of her death, which took place thirteen hours after the operation. It is regretted that no autopsy could be obtained. The child, stillborn, weighed fifteen and a half pounds.

S. H. CARNEY, M.D.

DR. WEBBER'S ESSAY ON CEREBRO-SPINAL MENINGITIS.

[Continued from page 207.]

DR. HALE, of Gardiner, Me., says:—"The epidemic which has so extensively ravaged our country is generally believed not to be contagious. This is fully my own opinion." "That contagion was not the sole cause of the extension of the epidemic, is obvious from only a very slight attention to the facts mentioned in the chapter upon the character of the disease. It often attacked persons who previously had never been within the sphere of its influence, however contagious it might be supposed to be. At the same time, it frequently happened that one individual in a family was affected and went through a course of it, while all the rest of the family escaped; and in two instances the fever proved fatal to the only person in the family who was attacked. These facts are not consistent with the supposition of a very active degree of contagion.

"It is indeed true, that when the fever appeared in a family, there seemed many times a disposition to extend the number of its victims beyond those first attacked. But besides that they all must probably have been equally exposed to the remote cause of the disease, this may be accounted for by the great fatigue and anxiety which a state of sickness occasions. Wherever this happened, those members of the family who had been the least constantly in the sick room, were as frequently attacked as others who had been uniformly engaged about the sick bed. There were a few persons who were almost constantly employed, through the whole period of the epidemic, in attending upon the sick, and occasionally in performing the last offices for the dead, without being at any time attacked by the fever. These facts appear to prove, as strongly as a negative can well be proved, that this was not a contagious disease."

M. Valleix says, in his "*Guide du Médecin Praticien*," "In no locality has it been possible to verify the evident existence of contagion."

During an epidemic of this disease among the galley slaves at Toulon, of which M. Fleury has given an account, there seemed to be no tendency to spread by contagion beyond those in immediate contact with the sick and residing with them. He says:—"Those who went out in the morning from this galley to return thither only at evening, have been employed with, and have had constant intercourse with their comrades and the free workmen from the 15th December even to the end of January, and nothing resulted from that communication."

"The same observation was made at St. Mandri r, where, although separately lodged, they have been employed in works in common with those who have dwelt there a long time. There was no patient who entered the hospital on that account; they came from the foci of infection; and it was in approaching them to keep them constantly clean, to administer to them the consolations of religion, to watch the employment of medical prescriptions, to apply and dress blisters and sinapisms; it was in breathing near them a heavy, nauseating odor, which affected unpleasantly the sense of smell, that an ordinary, three sisters of charity, twelve officers of health, agents of inspection and several servants were attacked. More than twenty days had elapsed before an appearance of contagion was manifested, and it must be remarked that none of the persons treated in the city in the midst of their families, or in the principal hospital, have transmitted the disease either to their relations or to their nurses. A chaplain, an officer of health and a servant have been the only victims of their zeal."

At Blakaton, near Ashburton, one family was attacked, and one other person who had not been near them while sick, but the disease did not spread farther.*

Dr. Savage, in his account of the epidemic which occurred in New London, Conn., in 1832, says that no trace could be discovered to favor the idea of its introduction from abroad, and the physicians of the town were unanimously of the opinion that its origin and progress were entirely unconnected with contagion in the proper acceptance of that term.†

"As to infecting causes, none of my observations have furnished me with proof that they have had the least influence on the development of encephalo-meningitis."‡

At the present time, and during the late epidemic, Dr. Gerhard, of Philadelphia, writes:—"In this State it has struck particular localities, not, however, rigidly confined to them, but extending to detached habitations, and attacking persons who had not been in the neighborhood of any sick. It presented a tendency to be confined to families. It did not necessarily extend itself to the neighbors who were constantly engaged watching the sick, nor was the reception of one patient into a house at all the cause of attack of disease to others. There is no reason to conclude that it is in any way contagious."§

Dr. Liddell says, in regard to three cases which occurred at the Stanton General Hospital, Washington, D. C., in 1864:—"These cases occurred in portions of the hospital widely separated from each other, and that no relation by contact whatever can be traced between them."||

* Medical and Physical Journal, vol. xxviii.

† Boston Medical and Surgical Journal, vol. viii.

‡ M. Rollet, in Mem. de l'Acad. de M d., t. x.

§ American Journal of Medical Sciences, vol. xlv., July, 1863.

|| Ibid, January, 1865.

Dr. Luther Parks, jr., of Boston, in the *Boston Medical and Surgical Journal*, vol. lxii., gives as a reason why this disease is not the same as scarlatina, "that there has been no evidence of contagion among the cases. My case, it will be remembered, occurred in a school of thirty-five boys, among whom there was no second case."

Some of the above opinions are expressed strongly in opposition to the doctrine of contagion; but, on the other hand, instances have been known where there seemed to be reason to suspect contagion, at least in a slight degree. The cases of nurses and attendants at Toulon, who suffered with the disease after taking care of the sick, would favor the doctrine of contagion; but it was not communicated by the galley slaves who lived near the sick and worked with those who were healthy. It was only those who lived in the midst of an impure atmosphere, who were constantly engaged in attending the sick, and who may be supposed to have been exposed to many of the influences which first aroused the disease into action, who were attacked.

Dr. Mistler says, with regard to the disease at Sélestat:—"The epidemic of cerebro-spinal meningitis which prevailed at Strasbourg for some time past, has been brought to us, at least according to all appearances, by the battalion of the 29th regiment of the line, which left Strasbourg about two months since and came to garrison Sélestat." A few soldiers had the disease after their arrival, and then it appeared in the neighborhood of their barracks, and afterwards extended to the interior of the city. He says:—"The 1st, 2d, 5th and 6th companies of the 3d battalion of the 29th regiment of the line left Strasbourg on the 4th of last February and arrived at Sélestat the next day, the 5th, after having passed the night at Estein, where they lost a man from the meningitis. On the 7th, that is to say two days after their arrival in our city, a drummer attacked with that disease was admitted to the hospital, and died there. On the 9th, I saw the first case, in a public house which is exclusively frequented by the troops of the line. In short, it is in the quarter called the *Quai des Pêcheurs*, and in the neighborhood of the barracks, that nine tenths of the cases have been observed up to the present time. However, that quarter was not found in worse hygienic conditions than all the lower part of the city, comprising the *Rue des Fèves*, the *Quai des Tanneurs*, the *Place de la Prison*, which are thus far exempt. This epidemic coincided perfectly with the arrival of the above-mentioned battalion, and it prevailed exclusively among that corps, without attacking the squadron of the seventh lancers, which also keep garrison here, and who as yet have had only one man sick with the meningitis."*

M. Corbin, of Orleans, speaking with regard to contagion, says that, during the epidemic of the winter of 1847-48, a young woman,

* *Encyclographie des Sci. Med.*, 1841, t. vi.

mistress of a soldier, sickened and died, but it is not certain whether the soldier was attacked. This girl was the only civilian who had the disease well marked, though three children seem to have had it, two of whom lived distant from the soldiers.*

M. J. B. Comte, who saw the epidemic at Grenoble in 1814, says: "Several persons living in the country, who quartered Austrian soldiers, died of the disease. A young woman of Grenoble, who had been to visit her sick relations in the country, returned to the city, where she died of the disease, with complications of tetanic rigidity.†

The epidemic at Cambridge, Eng., during the spring of 1815, spread, apparently by contagion, more than some others. A servant girl who was employed in one of the colleges returned home, where she had the disease; some members of her family sickened, and her father died. Other cases of a similar nature are said to have been known; but nurses and medical attendants did not suffer more than others.‡

M. Poggivli says that, during the prevalence of the disease at Saint Etienne, in the month of October, 1848, "two men of the 22d regiment of the line, occupying the same bed, were attacked in town, one two days after the other, and died; when I was called to the first, his comrade presented none of the prodromes of this disease.

"From the barracks of Jarre a man was carried to the hospital, affected with the disease in a very severe form; a soldier, who comes off guard, lies in his bed, and is also fatally attacked twenty-four hours after."§

M. Leroy Dupré, Surgeon to the 55th regiment of the line at Avesnes, states, in confirmation of the doctrine of contagion: "In the month of February last, a man was taken all at once, and without known cause, with violent pain in the head, accompanied with fever and vomiting. Forty leeches and a proper diet caused these symptoms to disappear, and convalescence commenced, when the same phenomena were seen in his son. They were so intense that they put his life in the greatest danger. All the symptoms which characterize what is known as meningitis, left no doubt in regard to the certainty of the diagnosis. The little patient recovered under the influence of a treatment in which the antiphlogistics were employed only with reserve. During the course of his disease, the house servant was herself confined to her bed, complained of an acute headache, with fever, which showed itself by a frank inflammatory angina. Certainly there was nothing very remarkable in this; but that which is not uninteresting to mention is the following fact. The comatose state of the young man having necessitated the application of a blister on the head, I passed nearly an hour in stooping

* Encyclographie des Sci. Med., 1845, t. v.

† Recueil Gen. de Med., t. lviii.

‡ J. Haviland in Med. Transactions of the College of Physicians in London, vol. v., 1815.

§ Bul. de l'Acad. de Med., t. xiv.

over the patient to shave his hair. The length of the operation, the fatigue, together with an abundant perspiration, caused in me considerable languor, to which succeeded a cephalalgia, which lasted three days. At length, in the commencement of the month of May, the sister of the young patient was taken in her turn with an intense cephalalgia, with vomiting and fever. This was the only person of the family who had not been sick, for the mother herself had been for a certain time subject to pain in the head and vomiting. The cephalalgia of the young girl lasted several days; it was the prelude of an eruption resembling scarlatina and miliaria, which was happily cured by a rational treatment. Taken alone, these facts are far from being convincing, but joined with the documents, already numerous, presented by M. Boudin, I believe that they can only contribute to clear up the origin and method of propagation of the disease."*

M. Gaultier de Claubry, in his report to the Academy of Medicine on the memoir of M. Boudin, says:—"With regard to contagion, M. Boudin has collected numerous documents which show the meningitis affecting sometimes in an exclusive manner the soldiers of different garrisons, sparing completely the civil population, who have little or even no intercourse with these soldiers; sometimes, on the contrary, existing in the heart of the civil population and not extending among the soldiers; here circumscribing its action on the soldiers of a barrack, sparing the military prison, whose inmates have no intercourse with their comrades remaining free; there attacking exclusively the prisoners, and sparing the soldiers in the barracks; elsewhere seeming to travel with the regiment, so that, starting from a city where the disease prevails, and going far away to garrison another city, where the affection had hitherto remained completely unknown, it was manifested in a short time after the arrival of the regiment, it may be among the companies into which the new arrivals were incorporated, it may be even among the inhabitants who had had intercourse with them; then again, the disease seems as if it was permanently settled in certain garrisons, in spite of the frequent changes of the troops; and, on the other hand, seeming to follow everywhere the same corps, in spite of frequent changes of garrisons; besides, M. Boudin shows the disease of the soldiers propagated among the surgeons, the sisters of charity, the ward tenders, the sutlers, the women who frequently visit the soldiers of the regiments where it prevails.

"Considered *in globo*, these considerations give matter for reflection, because of a certain analogy which they seem to indicate with that which takes place in the case of typhus of the armies. On the other hand, if they are examined more critically, it is found that some of these documents are purely administrative, coming from the council of administration of a regiment, or from the bureau of the

intendant, and hence of medium value for physicians somewhat particular with regard to facts for proofs; others indicate only in a laconic manner the wanderings of various corps from one garrison to another, without indicating the number of the sick, the ratio of these to the healthy portion of the regiments, or the civil population; a small number contain the formal opinions of some physicians. Several of these agree with M. Boudin; a large number cannot admit contagion."

M. Claubry does not think the disease contagious.

After quoting thus much of the report, it is hardly necessary to give the statements made by M. Boudin.

In the early part of this century, during the prevalence of the disease in one of the towns in the interior of New York, search was made to discover its origin. It was learned that a young man who had just arrived from a village in Connecticut, where the disease prevailed, was the first person attacked. Afterwards, others who lived near where he was during his sickness, became sick, and subsequently it spread to other parts of the town.*

Dr. Walter F. Atlee, speaking of an epidemic which occurred among the children in a charitable institution in Philadelphia during 1864, says:—"It is worthy of mention that the disease broke out two days after clothing had been placed upon the children, that came from Manayunk. It is impossible to find, however, that this clothing had been in contact with any persons affected with the so-called spotted fever, which is said to prevail in that part of the country. The sister (of charity) who was attacked was not the one who was attached to the infirmary, or one more in contact with the sick than another."†

Dr. Wm. T. Cleland, of Kewana, Fulton Co., Ind., under date of July, 1865, says:—"My observations, although limited, have convinced me that this disease, under an epidemic condition of the nervous system, and a vitiated condition of the secretions and circulation, is contagious.

"In proof of this assertion, I will present a case or two which came under my own observation. On the 12th day of April last, I was requested to visit Wm. H., æt. 15 years, who was taken with a violent chill in the night, after an excessive day's labor. At 2 o'clock, April 14th, he died.

"Miss J. M., a schoolmate, who was in attendance upon this young man during his sickness, was attacked on the 16th in a milder form, there being not as much excitement of the nervous system. On the fifth day, she died.

"In another locality, some five miles southeast, I was, on May 9th last, requested to visit the infant child of Dr. S. In two days after I

* The reference to this case was mislaid.

† American Journal of Medical Sciences, July, 1864.

visited this child, two of the older children of the same family had a violent attack of the disease while in the field."

The above facts show that the disease which we are considering is not generally contagious; but if a large number of patients are collected under circumstances favoring such a result, it may be communicated to persons apparently healthy, especially if fatigue, anxiety, or any depressing influences coöperate. The contagious principle is, however, very slight, and readily dissipated, so that only occasionally does a single patient in a family cause it in others, and no instance has been found in which it could be proved that the disease was conveyed by means of clothing or other fomites, and there seems to be no danger that a person after attending upon the sick will communicate it.

The high rate of mortality and the extensive prevalence of the disease during an epidemic cannot, then, be due to contagion, and other cause must be sought.

In many cases in foreign countries, and in some instances in our own, especially where the disease has appeared in the army, the attendant surgeons have asserted that unusual fatigue, together with neglect of hygienic rules, seemed to be the principal predisposing causes which were found most frequently among the new recruits, and hence the conscripts who had lately joined their regiments were the most frequently attacked during the prevalence of the disease in France.

"Its severity in the army (of the United States in 1812-14) is to be attributed to the sudden change of the mode of living of the newly enlisted soldiers, to intemperance, and to exposure to the weather."*

M. Rollet says:—"There can, then, be mentioned as predisposing causes, the recent incorporation of young soldiers and their want of training in military exercise. It is necessary to observe, also, that it is among soldiers arrived in the corps since less than a year, that the greatest number of grave cases is found—ten out of fifteen whose time of arrival is noted."†

M. Claubry, in his report before the Academy of Medicine on the epidemics which occurred in France during 1848, says of this disease:—"The garrison of St Etienne was composed of two squadrons of dragoons, all old soldiers; of 1100 men of the 13th regiment of light infantry, and of an equal number of the 22d light; the greater part of the latter were novices.

"The barracks of the 22d were in favorable hygienic condition, well aired, sufficiently ventilated, without crowding in the chambers; the food of the soldiers was of good quality and abundant. There was a ration of wine. The discipline was mild.

"It is a curious fact to note relative to the epidemic of St. Etienne, while the 22d has had 107 men attacked with cerebro-spinal menin-

* New England Journal of Medicine and Surgery, vol. ii.

† Mem. de l'Acad. de Med., t. x.

gitis, and has lost thirty of them; it was when this regiment presented no new cases that the turn of the 13th regiment came, which has had only five sick, of whom two have died; and the dragoons had only one case, which was fatal. What is otherwise remarkable is, that the barracks where were lodged these two last corps of the garrison of St. Etienne were far from offering hygienic conditions as favorable as those where the 22d was lodged."*

[To be continued.]

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY CHARLES D. HOMANS, M.D., SECRETARY.

JUNE 25th.—*Paralysis following Carbuncle, accompanied by extraordinary Nervous Phenomena.*—Dr. COTTING reported the case.

Rev. Dr. B., aged 70 years; an unusually vigorous man, not having had a day's sickness for more than forty years. In March last, had a large, painful swelling over lower part of spine, which he supposed to be "only a boil." Continued to go out, though with much effort, till March 27th.

First seen, professionally, April 10th. Found a large, sloughing carbuncle over coccyx and extending upwards between nates, eight inches or more in diameter. Parts around greatly inflamed and swollen. Large sloughs protruded through several irregular openings—foul and jagged. Had been unable to sit, lie, or even stand for any considerable length of time. Slept, if at all, on his knees on the floor, resting arms in a chair. Walked from room to room without much difficulty. Could occasionally get a comfortable position upon a sofa.

In a few days the sloughs came away, and the wound began to granulate. By the 1st of May the cavity, originally large enough to put two hen's eggs in, end to end, had nearly filled up. On the 7th of May he walked out, unadvisedly, half a mile or more. A few days after this, say about the 15th of May, he began to complain of unusual feelings in toes and tips of fingers, accompanied with slight prickling sensations. Felt uncertain whether he could hold his cup or knife, until he tried and found it possible. This state of things gradually increased until the 1st of June, when a most singular phenomenon occurred. Whenever his eyes were turned away, his hands seemed to him to have become immensely enlarged, so that the fingers were, according to his *sensations*, as large as one's arms. On looking at his hands, he *saw* that they were of the natural size. He made frequent examinations to satisfy himself that his sight was not at fault. He reasoned much and often, for his mind was as clear as in health, on the cause of the great difference between his sensations and the fact which his vision proved to him.

His grip, at this time, was firm, but he felt another's hand to be in his own "as big as a football." Walking was becoming difficult, the

* Mem. de l'Acad. de Med., t. xvi.

feet feeling clumsy, and imperfectly obeying the will. If the legs were crossed in bed, he became unable to change their position without some aid.

The wound was completely filled up—entirely superficial; about two inches in diameter; healing kindly. Pulse and respirations natural. Dejections began to be retarded, though generally easily hastened, as in health, by chewing a little rhubarb-root. Appetite fair; amount taken quite considerable. No inconvenience from food. This state of things continued without much change, except the gradual and more perceptible paralytic condition, until about—

13th of June, when he said that the size of his fingers had decreased, but each finger had the sensation of being covered on the inner surface with strips of thick sole leather—that he had a pad on each side of the nates, not painful or sore, but very uncomfortable to him when he was placed in a sitting posture on the side of his bed for his meals.

Dejections produced by injection, imperfect, prolonged—not unknown to him, but air, liquid, or solid, he could not tell nor restrain.

June 15th.—Pulse 85. Breathing easy and quiet. Burning in arms, sometimes. "Fingers $1\frac{1}{2}$ times too large." One person's hand feels like burning iron, another's like a lump of ice. On compressing the wrist, his hand felt, he said, cold as ice; on removing the compression, like a firebrand. Perspired generally yesterday, but not to-day. Occasionally as if "in a reeking sweat," when, in fact, the skin is perfectly dry, though somewhat hot. "A week since could roll from bed to sofa, but now cannot roll at all." In fact, cannot turn himself or move his limbs.

June 16th.—His "arms are his babies"; frequently loses them. Hunts after his right hand with another "*imaginary arm and hand*," set on right shoulder at right angles with the body. Hands of all sizes. (The large fingers and patches nearly gone.) This third arm perfect, and constantly put to find and secure the lost one. Feet have boot-heels upon them, which are in the way and troublesome. Feet not uneasy, "apparently dead." "Hands on fire half the time." Pulse 83. Tongue losing perceptibly the coat which has generally covered it, and looking more healthy. "Taken considerable food since yesterday."

June 18th.—Has an imaginary *hand*, through which all things must be done: lost imaginary arm. Intellect good and clear. Pulse 85, pretty full. Night very tedious, restless; constant desire to change; difficult to get any position without pain. Large size of hands gone; "fingers rather bungling"; at times painful. Wishes legs "unlocked"; legs look natural; feel touch "in nearly every place, but rather different way from health." When rubbed, "feels fine prickling." Slept one hour this A.M., which is longer time than of any continuous nap in night. Wound only one fourth of an inch in diameter; parts around quite normal; no tenderness over part, nor along the spine (never has been any). Respiration beginning to be restricted, and to require effort of will to raise the chest. Afraid to sleep, lest he should choke or suffocate; easily reassured; 25 per minute.

June 20th.—Large, spontaneous dejection, with strong pain in bowels, low down: "old way deadened"; "new way painful in preparation." "No pain in sore or near it." Dejection naturally effected, except a jerk occasionally at moment of expulsion. Could not

distinguish passage of air, fluid, or solid, but knew when it took place. The lost hand seems to be on the floor—constantly getting away. Pulse 90. Respirations 25 to 30; not easy to count them, the double action of the diaphragm and shoulders not following each other regularly.

Food—"a good deal to-day." The following account will serve for this and other days generally. *Breakfast*—Coffee, two cups; beef-steak juice, of piece as large as the hand; soft toast, centres of two slices; Graham bread, one slice. *Lunch*—Two eggs, beaten in three teaspoonsful of whiskey. *Dinner*—Coffee-cupful of good, rich beef-tea; toast. *Supper*—Black tea; one toast; one glass of jelly (gelatine). Jelly through night, at intervals, "considerable"; sometimes whiskey; from time to time Port and water.

June 21st.—"Great pain at times in new passage." Constant operations from bowels; generally semi-solid; pretty large amount in all. Respirations more from diaphragm and less from chest; less uniform. With regard to limbs, says the "illusions are wonderful." Head clear; eyes bright; pupil obeys the light; no pain or other disturbance in head.

9, P.M.—"Feels better." Breathing more by jerks, though not oppressively so to him. Pulse 90-95. Food less to-day. Dejection continue; conscious of them, but cannot control them. "Owes his better feelings to the dejections." Says, "you are not touching me, are you? that's not me!" Talked about his third hand all day; continually losing it—"cheated and cheated" about it.

June 22d.—Respirations 24. Pulse 80. Easy. Slept in night, several times, at some length. Many partial dejections in night; quantity large, quite solid, and quite natural. "Havn't had anything to do with third hand." Language not quite so coherent as heretofore. "Would Dr. advise old arms? Think of restoring them? if so, that's good! Take good care—not to multiply, but to invigorate"—and similar expressions.

June 22d, midnight.—Sleeps, and wakes with great anxiety lest he may suffocate. At one time slept more than an hour, but woke in great agitation, and sense of suffocation. No great pain. Pulse 105. Respirations 26.

June 23d.—Quieter. Pulse 100. Great weariness from one position. "Puzzled about his limbs." "Are they worth keeping with view to restore them?" "Take those things away at end of table" (meaning his legs). Invented shirts for artificial limbs (in his revery). Has himself artificial limbs now on. Reasons on these illusions.

June 24th.—Respiration 36, mostly diaphragmatic, difficult. Great anxiety about suffocation. "Fears if he lies down he cannot get up" (now semi-realized). Pulse 115, pretty full. Purplish, leaden hue to skin. Sinking. Conscious. Asks for reading, &c. &c. Died, very quietly, at 2½, P.M.

It will be observed, in reviewing this remarkable case, that the affection of the nerves began as the carbuncular cavity began to close up, and came to its culmination when the sore was nearly or quite healed. The same thing has been observed of neuralgia following the closure of gun-shot wounds—the disturbance being apparently due to the contraction in healing involving the adjacent nerves; the distant affection arising from reflex action, or unknown influences. In the case

we have given the spine was evidently the seat of the subsequent disorders. The *post-mortem* appearances indicated a loss of action in the cord, the whole column presenting a diminished or shrivelled appearance quite consistent with such a theory. Nothing abnormal was found at the autopsy. The spinal cord was examined by Dr. Robt. T. Edes, who has furnished the following report:—

“I examined quite a number of transverse sections from various parts of the cord, paying especial attention, of course, to the cervical region, and found nothing which could in any way account for the symptoms described to me. The central canal had become a mass of cells throughout the whole length of the cord in an equal degree, and could, I think, at the utmost, indicate no more than the effects of old age. I do not think there was anything pathological about the portion of cord which I had, being the whole from, I should say, the second or third cervical vertebra down. The cord was hardened in chromic acid, and, after coloring, made transparent with turpentine.”

It is worthy of notice that the organs of organic life were not affected.

But the most remarkable circumstances of the case were in the extraordinary abnormal *sensations*, and the power the patient had of correcting these sensations by vision and his clear intellect. These abnormal, *unreal* sensations were as vivid and as clear as any the patient ever had in his life. Had he not been able to *see* his hands, no assertion of others, or argument, or reason would have ever convinced him that they had not the size and changes he felt in them.

May not the phenomena developed in this case serve to explain many of those complaints of so-called “nervous” persons, which seem to others purely imaginary? Especially so in those cases where the sensations are referred to internal organs, or parts out of sight; and which are judged to be fictitious because they give rise to no sufficiently grave symptoms to alarm the attendant.

JULY 9th.—*Effects of Pistol-shot.*—Dr. J. WYMAN exhibited a cranium, showing the effect of a pistol-ball fired at the distance of fifteen feet at a dissecting-room subject, of which the integuments had not been removed. The ball, a buck-shot weighing forty-six grains, struck just below the left parietal eminence, making a round opening 0·4 inch in diameter; from this radiated four fractures—one directed downwards to the mastoid process and thence to the foramen magnum; one upwards to the sagittal suture, which it followed to the occiput, and extended a short distance along the right lambdoidal suture; the third ended in the coronal suture, and the fourth extended as far forwards as the left frontal eminence, and then turning back, detached a piece of bone as large as the palm of the hand, which was partially lifted from its place. From the left frontal eminence, and connected with the preceding fracture, diverged two other fractures, one downwards and backwards to the left mastoid process, through the left auditory opening into the foramen lacerum; the second, across the forehead and right temporal fossa into the auditory foramen, and thence into the foramen lacerum. The basilar process was broken across just behind the cella turcica; thus the whole cranium was divided into two portions, which readily separated after maceration.

The above statement shows a much more extensive injury than would be deemed possible from so small a projectile.

AUG. 27th.—*Removal of entire Ulna.*—Specimen shown by Dr. HODGES.

A boy, æt. 17, entered the Massachusetts General Hospital July 8th, 1866. Six weeks previously, without known cause, while working on a farm, as he had been many months, was seized with severe pain in his arm, followed by swelling. This was deemed phlegmonous erysipelas by his physician, who made incisions and evacuated a quantity of pus, which was followed by improvement, but fistulous openings remained, and through these dead bone was reached by a probe. On enlarging one of these near the elbow, to give a freer vent to the discharge, the whole upper articulating extremity of the ulna was found loose, and was removed; and by an incision carried down the arm, the entire shaft and the lower articulating extremity were also removed, in a necrosed state. The new bone round the old was of so recent formation as to permit being cut by the knife, and allowed the sequestrum to be drawn out without force. At the present time, Aug. 26th, the wound has nearly healed, and there is extensive development of new bone. Neither the elbow nor radial articulation have shown any disposition to inflame, and very good motion already exists. The general health, which had been much impaired by two or three years' service in the army, is greatly improved. It is probable that the duties of a cavalryman, which he performed, were too much for so youthful a subject, and may perhaps have been the cause of his affliction.

AUG. 27th.—*Fracture of the Skull from a Slung-shot; Trephining; Recovery.*—Dr. HODGES showed the specimen.

A healthy Irishman, æt. 21, was struck by a slung-shot on the 4th of May. He was admitted to the Massachusetts General Hospital on the 7th. On admission, his pulse was 60. His pupils were contracted; there were deafness, stupidity, inability to put out the tongue, and miscalling of words. On the 11th he had a convulsion, which was repeated on the 12th, when, on consultation, it was decided to trephine.

The fracture was in the temporal region, beneath the temporal muscle, the aponeurosis as well as the muscular fibres of which were much lacerated. The bone was depressed in a perfectly regular concavity, such as could only have been made by a spherical missile, outside of which there was no radiation of the lines of fracture, and within which there was much comminution. The internal table was broken to a greater superficial extent than the outer, and the dura mater was ruptured, there being a rent three fourths of an inch in length, from which a lacerated meningeal artery bled to an extent requiring ligature. The pulse, which at the beginning of the operation was 48, rose to 135. The pupils, which had been sluggish, contracted and dilated promptly as soon as the compression was removed. The recovery was rapid, and on the 21st of June he was discharged from the Hospital, and on the 18th of July the patient resumed his work.

SEPT. 10th.—*Calculus in a Female Bladder; Removal per Urethram.*—Case reported by Dr. HODGES.

The patient was an Irishwoman, æt. 34, married, mother of two children. She had lived in Milford, Mass., for several years, ever since she left the old country. One year ago, without any previous renal affection or colic, one month before confinement, she passed a calculus from her urethra, the size of a large pea. At that time she

had had no vesical symptoms or difficulty in micturition, nor did she have any subsequently, until about four months ago, when she began to have frequent desire, with momentary inability, to pass her water, and pain in the bladder, aggravated by riding or exercise. At the time of her entrance to the Massachusetts General Hospital, the catheter detected a stone, and on further examination, under ether, it was found that, by the use of but little force, the urethra could be dilated so as to permit of the entrance of the fore-finger and exploration of the bladder therewith. By the aid of the finger, a calculus was removed *per urethram*, weighing 34 grains, and measuring $1\frac{1}{8}$ inches in its longest diameter and $\frac{3}{4}$ of an inch in its shortest. The stone was triangular in shape, presenting irregular facets, formed by a second stone, which was crushed in the attempt to measure its size by the lithotrite; of this a small lenticular nucleus, three eighths of an inch in diameter, and weighing six grains, remains. The day after the operation, the patient expressed herself as greatly relieved in all her symptoms, and as holding and passing her water with perfect ease and comfort. She has since done uninterruptedly well, and her improved general condition and appearance are as noticeable as the absence of any consequences of the operation.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, OCTOBER 11, 1866.

THE INCONSISTENCY OF THE PRESS.

WE called attention not long ago to the reformation of the public press in England, then in progress, in relation to the publication of the notice of quacks and their remedies. The movement, which extended to most of the influential Journals in the United Kingdom, was well called the purification of the press, and we hoped that a similar spirit might be shown in America, but, so far as we know, the example was adopted by only one leading newspaper in the country. How entirely inconsistent with the standard of moral rectitude they profess such a course is, none can be more conscious than the proprietors and publishers of our daily newspapers, and religious and literary journals. Zealous as most of them are in exposing the schemes of sharpers in their attempts upon the purses of the community, in publishing the names of those suspected of fraud, and in recommending measures necessary for the preservation of public health, they do not hesitate to lend the support of their covers and columns to the interests of those who are notoriously engaged in deceiving, impoverishing and tampering with the physical well-being of the people. They would refuse to publish the advertisement of an attorney who was known to be capable of false practices in the law, or of a company organized to issue fraudulent certificates, but what publication denies a place in its pages to the notices of charlatans of our profession, and remedies which betray their true character in every line, except they be grossly indecent? A leader in one column on the physical deteriora-

tion of the race and the decrease of the native element in our population will point to the prevalence and evil effects of criminal abortion, or a severe editorial on spiritualism will expose its follies and expatiate upon its injury to the mental condition of the people, while in another column we may read the advertisement of means and persons employed to produce the former, and of those who unfold spirit power and exercise clairvoyant faculties for amusement, business or healing.

Editors and publishers cannot fall back upon the convenient theory of irresponsibility as to advertisements, for they know too well that without this means of reaching the public, the whole business of quacks and their remedies would fall to the ground, and that, for example, if 30,000 bottles of one medicine have been sold in the last three months, and another whole dwelling-house has been occupied for the purposes of the discoverer of the newest popular system of curing diseases, as two of our local and most respectable daily papers have lately informed their readers, it is in consequence of just such extra notices outside their advertising columns as these. They are parties in the transaction and share the profits of this deception practised upon the ignorance and credulousness of the masses they profess to educate and protect.

In this connection we would refer to our recent article on the advertisements of physicians, for the purpose of mentioning the expression of approval which its views have elicited from the medical journals of most of our large cities, and to the fact that two of the leading French and English journals have lately alluded to the reprehensible character of this custom among Boston physicians. We trust that the practice will soon be seen in its true light by every member of the profession amongst us.

TWINS IN AFRICA.

THE following letter, from Dr. Calloway, the Local Secretary of the Society at Natal, is published in the London *Anthropological Review* :—

"SPRING VALE, NATAL, January 26, 1866.

"DEAR SIR.—I notice in Blake's translation of Broca's work *On Hybridity in the Genus Homo*, p. 53, an allusion to the Australian custom of killing the weakest of two new-born twins, which the author finds it difficult to credit, thinking it 'improbable and inexplicable.' At the same time he supposes that, in the precariousness of savage life, and the uncertain supply of nourishment, a mother who would not find it easy to rear one child, may resign herself to sacrificing one of twins to save the other.

"It is rather remarkable when infanticide has been so common a crime among the most highly civilized nations, that M. Broca should imagine that savages would feel any difficulty in committing such murders; and advance the opinion that if they killed either new-born mulattoes for one cause, or one of twins for another, it would evidence so great a want of maternal love on the part of the females, as would warrant us in denying them the right to be regarded as belonging to the human race. But many things which appear absolutely improbable, and even impossible from a European standing point, are found, on a more intimate acquaintance with savage races, to be common, every-day occurrences; and what we should regard as a crime, the savage often considers as a necessity, and even as a virtue.

"It is impossible to determine theoretically what shall be the result, in any particular case, of a contest between instincts. An instinct may be undeveloped, dormant, or suppressed by a stronger instinct; it would be a great mistake, therefore, to conclude from the absence of manifestation, that it does not exist. The love of offspring is a very strong instinct among the natives of South Africa—stronger, perhaps, than any other, but the love of life. Yet parents would, under certain circumstances, leave their offspring to perish, or even kill their infants, to ensure their own safety, or even the probability of their escaping disease or death.

"But my object in writing is not to discuss a general question of this kind; but to say that the custom of killing one of twins exists among certain tribes and families of Kafirs; and to explain, for the information of members of the Anthropological Society, the native reasons for the custom, which will be found to be a strange superstition, having for its object the preservation of the life of the parents, especially of the father.

"Among some tribes the birth of twins is of rare occurrence; among others not unusual. With the latter the twins are allowed to grow up; with the former it is regarded as a prodigy, and one of the twins is killed. The two children are carefully inspected, and the most delicate one has a clod of earth placed in its mouth, and is thus subjected to a slow death by suffocation. When dead it is placed near the doorway of the hut, and the *ikgena*, a dwarf aloe, is planted over the grave.

"The reason for this procedure is said to be that, if both were allowed to grow up, they would cause the death of one of their parents; or, as they express it, 'If both are allowed to live, there is some one who will leave them'; that is, one of the parents will die, and leave them orphans. The injurious influence supposed to be exerted by the twins on the father or mother may not manifest itself for many years, not till puberty, or not even till they are twenty years old. The woman who bears them, if both are allowed to live, is said rapidly to become old and incapable of bearing children.

"If the influence does not kill either of the parents, the twins will kill each other by inducing disease in each other. Such is the superstition, and it is evident that all twins can be readily made to fulfil the prophecies uttered at their birth by old crones; for any disease arising in the parents, or in the twins themselves, will be ever regarded as having for its cause the survival of both the twins.

"It sometimes happens that a man, more sensible than the rest, or having the instinct of child-love more developed, objects to have either of his children killed. The old men and women of the village at once gather round him, and recall numerous instances in which fatal consequences resulted from allowing both children to live; until at length fear overcomes his good sense and paternal love, and the child is sacrificed. In one instance a man, in whose family twin-births had been common, married the woman of a tribe in which they were unusual. In due course she gave birth to twins. Her friends assembled, and said it was necessary to kill one to ward off ill luck. The man objected, that to have twins was a natural thing among his people, and would not allow either child to be killed. When the twins were about fourteen years old, the mother became delicate; of

course her friends attributed her illness to the obstinacy of the husband, and would not listen to the argument, that had one been killed she would have suffered from the same disease notwithstanding.

"The murdered child is buried near the doorway, it is said, for the sake of the survivor. It is supposed that the surviving infant will miss the companion to which it has been so long accustomed during intra-uterine life, and a soothing influence is thought to issue from the grave. When the child cries, it is supposed to be crying and pining for its companion, and it is taken to the grave, and carried backwards and forwards over it till it is quiet. It is also daily washed on the grave. This is why the grave is made so near the hut, as it would be inconvenient to go to the usual distance of graves, every time the child cries, to get it quieted by the influence of its fellow.

"The aloe is regarded in some way as the living representative of the dead infant; its spirit or shade is supposed to be in it, or to be hovering about it. When it is planted, its spines are carefully cut away that the survivor may play about it, and drag himself up by it, and make himself strong, as he would have done with his fellow-twin had he been permitted to live.

"A more strange, far-fetched, and inconsistent superstition can scarcely be conceived. You will see that scarcity of food, the difficulty of nourishing two children, the drag which suckling two infants would be on the mother's health, are questions which do not suggest themselves. But simply an imaginary influence, which it is feared will produce ill luck or death. The mother of the twins has little to do with the murder; it is done for her by the crones of the village. But she is aware of it and accessory, and not merely resigned to it.

"If a child is born during a famine, it is sometimes killed in the same way—by placing a clod of earth in its mouth. In this instance the child is sacrificed with the express view of saving the mother, and preventing her strength from being exhausted by suckling, when her own system is depressed by want. Of course these customs no longer exist where the British Government exerts its influence.

"There is a similar superstition as regards inheritance. If the father dies, leaving numerous large oxen, it is supposed necessary that the son should slaughter them; if not, it is feared they will cause his death.

I am, dear Sir, yours truly,

HENRY CALLOWAY, M.D., L.C.P.L."

(From the Californian.)

TO THE PLIOCENE SKULL.

A GEOLOGICAL ADDRESS.

A HUMAN skull has been found in California, in the pliocene formation. This skull is the remnant not only of the earliest pioneer of this State, but the oldest known human being.* * * * * The skull was found in a shaft one hundred and fifty feet deep, two miles from Angel's, in Calaveras County, by a miner named James Matson, who gave it to Mr. Scribner, a merchant, and he gave it to Dr. Jones, who sent it to the State Geological Survey. If these statements are reliable, it is the skull of a man who lived before Mount Shasta, the mountains of Butte County, and all the volcanic peaks of California were raised above the surface of the globe. The published volume of the

State Survey on the Geology of California states that man existed here contemporaneously with the mastodon, but this fossil proves that he was here before the mastodon was known to exist.—*Daily Paper*.

Speak, O man, less recent! Fragmentary fossil!
Primal pioneer of pliocene formation,
Hid in lowest drifts below the earliest stratum
Of volcanic tufa!

Older than the beasts, the oldest Palæotherium;
Older than the trees, the oldest Cryptogamia;
Older than the hills, those infantile eruptions
Of earth's epidermis!

Eo—Mio—Plio—whatsoe'er the "æne" was
That those vacant sockets filled with awe and wonder—
Whether shores Devonian or Silurian beaches—
Tell us thy strange story!

Or has the Professor slightly antedated
By some thousand years thy advent on this planet,
Giving thee an air that's somewhat better fitted
For cold-blooded creatures?

Wert thou the true spectator of that mighty forest
When above thy head the stately Sigillaria
Reared its columned trunks in that remote and distant
Carboniferous epoch?

Tell us of that scene—the dim and watery woodland
Songless, silent, hushed, with never bird or insect,
Veiled with spreading fronds and screened with tall club-mosses,
Lycopodiacea—

When beside thee walked the solemn Plesiosaurus,
And around thee crept the festive Ichthyosaurus,
While from time to time above thee flew and circled
Cheerful Pterodactyls.

Tell us of thy food—those half marine refectations,
Crinoids on the shell and Brachipods *au naturel*—
Cuttle-fish to which the *oeuvre* of Victor Hugo
Seems a periwinkle.

Speak, thou awful vestige of the Earth's creation—
Solitary fragment of remains organic!
Tell the wondrous secrets of thy past existence—
Speak! thou oldest primate!

Even as I gazed a thrill of the maxilla
And a lateral movement of the condyloid process,
With post-pliocene sounds of healthy mastication
Ground the teeth together.

And, from that imperfect dental exhibition,
Stained with expressed juices of the weed Nicotian,
Came these hollow accents, blent with soft murmurs
Of expectoration:—

"Which my name is Bowers, and my crust was busted
Falling down a shaft, in Calaveras County,
But I'd take it kindly if you'd send the pieces
Home to old Missouri!"

BRET.

Delegates to Medical Societies.—At the late meeting of the Councilors of the Massachusetts Medical Society the following gentlemen were appointed:—

MAINE.—Dr. D. H. Storer, Boston; Dr. B. S. Shaw, Boston.

NEW HAMPSHIRE.—Dr. J. Ayer, Boston; Dr. J. B. Forsyth, Chelsea.

VERMONT.—Dr. G. Hayward, Boston; Dr. A. Millett, Bridgewater;
Dr. Thaddeus Phelps, Attleboro'.

RHODE ISLAND.—Dr. S. Durkee, Boston; Dr. J. Sargent, Worcester.

CONNECTICUT.—Dr. B. E. Cotting, Roxbury; Dr. T. H. Gage, Worcester.

NEW YORK.—Dr. J. L. Miller, Pittsfield; Dr. C. C. Holmes, Milton; Dr. W. G. Wheeler, Chelsea.

NEW JERSEY.—Dr. H. I. Bowditch, Boston; Dr. E. Jarvis, Dorchester.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, OCTOBER 6th, 1866.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	44	34	78
Ave. mortality of corresponding weeks for ten years, 1855-1865	48.3	42.5	90.8
Average corrected to increased population	00	00	99.77
Death of persons above 90	1	1	2

CORRECTION.—In the report of Dr. Cotting's case of "Abdominal Cancer, accompanied by Apoplexy of the Medulla Oblongata," printed in our issue of Sept. 27th, page 187, the following paragraph was inadvertently omitted in the account of the autopsy:—

—About midway in the medulla oblongata, its precise locality not noted, was a small, red blood-clot, about one eighth of an inch in diameter, apparently rather recent. Brain normal.

JOURNALS RECEIVED.—Medical Record, Nos. 14 and 15.—New York Medical Journal for August and September.—Medical and Surgical Reporter, Nos. 10-13.—Medical News and Library for September.—Chicago Medical Examiner for August and September.—Chicago Medical Journal for August, September and October.—Cincinnati Lancet and Observer for August.—Medical Reporter, Nos. 13 and 14.—Nashville Journal of Medicine and Surgery for August and September.—Atlanta Medical Journal for September.—Richmond Medical Journal for August and September.—New Orleans Medical and Surgical Journal for September.—Southern Journal of the Medical Sciences for August.—Pacific Medical and Surgical Journal for August.—L'Union Médicale, Nos. 101-112.—Journal de Médecine de Bordeaux for September.—London Lancet (reprint) for September.—Detroit Review of Medicine and Pharmacy for August and September.—Journal of Materia Medica for October.—Chemist and Druggist, No. 85.—Dental Cosmos for September and October.—Dental Register for August and September.—Hall's Journal of Health for October.—The Herald of Health and Journal of Physical Culture for October.—Phrenological Journal for October.

BOOKS AND PAMPHLETS RECEIVED.—A Practical Treatise on Fractures and Dislocations. By Frank Hastings Hamilton, A.B., A.M., M.D., Professor of the Principles of Surgery, Military Surgery and Hygiene, and of Fractures and Dislocations, in Bellevue Hospital Medical College, &c. &c. Third Edition, revised and improved. Illustrated with two hundred and ninety-four Wood-cuts. Philadelphia: Henry C. Lea. 1866.—A Practical Treatise on the Physical Exploration of the Chest, and the Diagnosis of Diseases affecting the Respiratory Organs. By Austin Flint, M.D., Professor of the Principles and Practice of Medicine in Bellevue Hospital Medical College, &c. &c. Second Edition, revised. Philadelphia: Henry C. Lea. 1866.—A Treatise on Vesico-Vaginal Fistula. By M. Schuppert, M.D., Surgeon of the Orthopaedic Institute at New Orleans, La.—On Provision for the Insane People of the State of New York, and the adaptation of the "Asylum and Cottage Plan" to their wants, as illustrated by the History of the Colony of Fitz James at Clermont, France. By Charles A. Lee, M.D.

DIED.—At Camp of 116th U. S. C. T., White's Ranch, Texas, Aug. 22th, of gastro-enteritis, Benjamin Hobbs, Surgeon U. S. C. T., aged 25 years 6 months and 27 days.

DEATHS IN BOSTON for the week ending Saturday noon, Oct. 6th, 78. Males, 44—Females, 34. Apoplexy, 3—congestion of the brain, 2—disease of the brain, 3—cancer, 2—cholera, 3—cholera infantum, 5—consumption, 16—convulsions, 1—croup, 2—cynanche tonsillaris, 1—diarrhoea, 2—diphtheria, 1—dropsy, 1—dropsy of the brain, 4—drowned, 1—dysentery, 3—typhoid fever, 2—gastritis, 1—disease of the heart, 2—infantile disease, 2—intemperance, 1—disease of the kidneys, 2—disease of the liver, 2—inflammation of the lungs, 3—marasmus, 4—old age, 1—paralysis, 1—scrofula, 1—suicide, 1—syphilis, 1—teething, 1—tumor, 1—unknown, 2.

Under 5 years of age, 31—between 5 and 20 years, 7—between 20 and 40 years, 19—between 40 and 60 years, 10—above 60 years, 11. Born in the United States, 50—Ireland, 20—other places, 8.